



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

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DIRECTOR

December 18, 2006

TO: Executive Directors of Community Mental Health Services Programs (CMHSPs), Prepaid Inpatient Health Plans (PIHPs), and Coordinating Agencies (CAs)

SUBJECT: Integrated Treatment Coordinating Committee

The Michigan Department of Community Health (MDCH) has placed a high priority on the development and implementation of integrated services for people with co-occurring mental health and substance use disorders across all levels of severity. This undertaking is characterized by a high degree of complexity, since it encompasses a wide range of policy, program and technical areas, and it involves the participation of a wide range of professionals.

In light of this complexity, and in response to comments from the field, we have established an Integrated Treatment Coordinating Committee within MDCH comprised of staff members from the Office of Drug Control Policy (ODCP) and the Mental Health and Substance Abuse Administration (MHSAA). The overall mission of this committee is to create a framework to enhance the consistency of both internal policy-making and external communications regarding integrated treatment, including the evidence-based practice of "Integrated Dual Disorders Treatment." The initial responsibilities of the committee include the following:

1. Review all existing groups commissioned by MDCH that focus on meeting the needs of individuals with co-occurring mental health and substance use disorders, clarify responsibilities, and establish communication protocols.
2. Review all existing policies and advisories regarding integrated treatment, and identify those that reflect the current best thinking as to intended direction and impacts on all levels of severity.
3. Establish a mechanism to receive incoming communications on this topic, and prepare coordinated responses.
4. Coordinate the development and issuance of all external communications regarding integrated treatment.

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5. Coordinate decision-making concerning future policies, advisories, training and technical assistance, and related matters.
6. Attempt to reduce or eliminate any unnecessary administrative burdens placed on CMHSPs, PIHPs, and CAs.

The committee has begun its work and is preparing recommendations concerning item 1. You can expect to receive draft findings by February 2007.

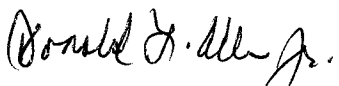
We are co-chairing this committee, and the members are:

Nancy Becker Bennett, Manager, Law Enforcement and Education Sections, ODCP
Patricia Degnan, Manager, Service Innovation and Consultation Section, MHSAA
Deborah Hollis, Director, Division of Substance Abuse and Gambling Services, ODCP
Irene Kazieczko, Director, Bureau of Community Mental Health Services, MHSAA
Mark Kielhorn, Director, Division of Program Development, Consultation and Contracts, MHSAA
Mark Steinberg, Manager, Substance Abuse Contract Management Section, ODCP
Tison Thomas, Specialist, Service Innovation and Consultation Section, MHSAA
Judy Webb, Director, Division of Quality Management and Planning, MHSAA
Jeffery Wieferich, Manager, Substance Abuse Treatment Section, ODCP

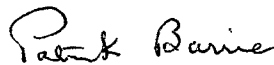
You may contact the committee by sending an email to: Teri Johnson at Johnsont3@michigan.gov. Please direct any communication that you wish the committee to consider to this address.

We are committed to providing access to needed services to people across all levels of severity in this population. We are also committed to reviewing field programs to examine how our collective policies work in practice and to receive input from practitioners concerning needed changes. We welcome your thoughts on how to best proceed with the integrated treatment initiative, and look forward to working together with all stakeholders.

Sincerely,



Donald L. Allen, Jr., Director
Office of Drug Control Policy



Patrick Barrie, Deputy Director
Mental Health and Substance Abuse Administration